

ADMINISTRATIVE	OBTS NUMBER		ARREST/NOTICE TO APPEAR Juvenile Referral Report										1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		3	Juvenile	No					
	Agency ORI Number FL0501700		Agency Name Jupiter Police Department										Agency Report Number 54 - 19 - 000825											
	Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other										Weapons Seized/Type 1. Yes 2. No 2													
	Location of Arrest (Including Name of Business)										Location of Offense (Business Name/Address) Orchids of Asia Day Spa 103 S US Hwy 1 C2, Jup.										Date of Offense 01/20/19			
DEFENDANT	Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Fingerprinted By: <input type="checkbox"/> Identification <input type="checkbox"/> AFIS <input type="checkbox"/> Criminal											
	Location of Vehicle				Other Local Number		FDLE Number		DOC Number		FBI Number													
	Name (Last, First Middle) Deora, John, N										Alias (Name, DOB, Soc. Sec. #, Etc.)													
	Race W - White B - Black		Sex W M		Date of Birth 07/14/1961		Height 5-11		Weight 185		Eye Color bro		Hair Color bro		Complexion med		Build med							
CO-DEF.	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status unk		Religion unk		Indication of: Alcohol Influence Drug Influence		Y N Un. <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>							
	Local Address (Street, Apt. Number)				(City)				(State)		(Zip)		Phone ()		Residence Type: 1. City 2. County 3. Florida 4. Out of State									
	Permanent Address (Street, Apt. Number)				(City)				(State)		(Zip)		Phone ()		Address Source IL DL									
	Business Address (Name, Street)				(City)				(State)		(Zip)		Phone ()		Occupation									
JUVENILE	D/L Number D600-4746-1200		D/L State IL		Soc. Sec. Number unk		INS Number		Place of Birth unk		Citizenship US													
	Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile									
	Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile									
	<input type="checkbox"/> 1. Parent <input type="checkbox"/> 2. Legal Custodian <input type="checkbox"/> 3. Other:		Name (Last, First, Middle)										Residence Phone ()											
CODE	Address (Street, Apt. Number)				(City)				(State)		(Zip)		Business Phone ()											
	Notified By: (Name)				Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DCF 3. Incarcerated															
	Released To: (Name)				Relationship				Date		Time													
	The above address was provided by the defendant and/or defendant's parent/guardian. The child and/or parent/guardian was told to keep the Juvenile Division Office (Phone 561-355-7200) informed of any change of address. Yes, by: (Name) No: (Reason)										School Attended				Grade									
CHARGE	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property										Value of Property											
	Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/Distribute Distribute		M. Manufacture Produce/ Cultivate		Z. Other		Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other			
	Charge Description Solicit another to commit prostitution				Counts 1		<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number 796.07(5)(a)1				Violation of ORD #											
	Activity N		Drug Type N		Amount/Unit N/A		Offense # 19-000825		Warrant/Capias Number				Bond											
CHARGE	Charge Description				Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number				Violation of ORD #											
	Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond											
	Charge Description				Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number				Violation of ORD #											
	Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond											
CHARGE	Charge Description				Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number				Violation of ORD #											
	Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond											
	Charge Description				Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number				Violation of ORD #											
	Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond											
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) North County Courthouse, 3188 PGA Blvd., Palm Beach Gardens, FL 33410																					
			Court Date and Time Month Day Year Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.																					
	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.																							
	Signature of Defendant (or Juvenile and Parent/Custodian)																							
ADMIN	HOLD for other Agency				Signature of Arresting Officer X [Signature] 4/12/11								Date Signed											
	Name:				Name of Arresting Officer (Print) Det. A. Sharp #412/1101								I.D.#											
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Intake Deputy I.D.#				Pouch #				Transporting Officer I.D.# Agency				Name Verification (Printed by Prisoner) (PRINT)			
																	Witness here if subject signed with an "X"				PAGE 1 of 1			

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STATE ATTORNEY - 1 COPY

AGENCY - 2 COPIES

DEFENDANT - 1 COPY

